



Winston H. Hickox
Secretary for
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California Regional Water Quality Control Board

Central Valley Region

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Gray Davis
Governor

ANNUAL REPORT FOR DAIRIES SUBJECT TO MONITORING AND REPORTING PROGRAM NO. 96-270-01

This reporting form is provided for your use in preparing the annual report required by Waste Discharge Requirements Order No. 96-270 and Monitoring and Reporting Program No. 96-270-01. Your annual report is due 30 November each year for the 12-month period ending 31 October of that year. A copy of the annual written report should be mailed to:

Confined Animal Facilities Unit
Central Valley Regional Water Quality Control Board
3443 Routier Road, Suite A
Sacramento, CA 95827-3098

A. Dairy Name: _____ Date: _____

B. Dairy Address: _____
STREET CITY COUNTY

C. Dairy Operator: _____
NAME PHONE
STREET CITY ZIP

D. Property Owner: _____
NAME PHONE
STREET CITY ZIP

E. **Certification:** I, the undersigned, certify that the above named facility has a Water Pollution Prevention Plan (WPPP) that is current and is being followed.

SIGNATURE

NOTE: If you do not have a current WPPP, please check the following box

G

F. Breed of cow at the dairy: _____

G. Maximum number of Adjusted Animal Units (1,000 pound animal units) at the dairy during the year:

Type of Animal	Maximum Head	Factor	Animal Units	AU Adjustment
Milk cows	_____	x 1.0	_____	Multiply the Total AU by the following factors to adjust for breed of cow: (no adjustment for Jerseys) for Holsteins x 1.4 for Guernseys x 1.2
Dry Cows	_____	x 0.8	_____	
Bred heifers	_____	x 0.73	_____	
Heifers (1-year to breeding)	_____	x 0.73	_____	
Calves (3 months to 1 year)	_____	x 0.35	_____	
Baby Calves (under 3 months)	_____	x 0.21	_____	
TOTAL HEAD6	<input type="text"/>	Total AU6	<input type="text"/>	Adjusted AU6 <input type="text"/>

- H. Attach a copy of the waste management Inspection Logs for the year (see attached form).

NOTE: If you do not have Inspection Logs, please check the following box **G**

- I. Provide a statement indicating that the facility was operated according to a Nutrient and Irrigation Water Management Plan or an explanation of how the operation varied from the plan. Attach additional sheets if necessary.

NOTE: If you do not have a Nutrient and Irrigation Water Management Plan, check the following box: **G**

- J. Describe any changes in the facility or farming operation made during the last year that may influence waste management practices. Include a copy of any new or updated Nutrient and Irrigation Water Management Plan. Attach additional sheets if necessary.

- K. I, the undersigned, certify that the information I supplied above is true and correct.

SIGNATURE

WASTE MANAGEMENT INSPECTION RECORD for _____
YEAR

Facility Name: _____

[illegible]